

To Our Customers:

Our goal is to provide you with the best possible service. Please help us serve you better by answering the questions below. Show your overall satisfaction from 1 to 5 for each item below, with 5 expressing the most satisfaction. Please fill out the form on your computer, print and mail to:

Office of the Director
 Dept. of Alcoholic Beverage Control
 3810 Rosin Court, Suite 150
 Sacramento, California, 95834

DATE STAMP USE ONLY

1a. Reason for contacting ABC: ☐ Licensing ☐ Technical Assistance
☐ General Information ☐ Other (describe) _____

1b. Contact was made: ☐ By Phone ☐ In Person

2a. ABC office contacted:

<input type="checkbox"/> Bakersfield	<input type="checkbox"/> Inglewood	<input type="checkbox"/> Redding	<input type="checkbox"/> San Francisco	<input type="checkbox"/> Santa Barbara
<input type="checkbox"/> El Monte	<input type="checkbox"/> LA Metro	<input type="checkbox"/> Riverside	<input type="checkbox"/> San Jose	<input type="checkbox"/> Santa Rosa
<input type="checkbox"/> Eureka	<input type="checkbox"/> Long Beach	<input type="checkbox"/> Sacramento	<input type="checkbox"/> San Luis Obispo	<input type="checkbox"/> Stockton
<input type="checkbox"/> Fresno	<input type="checkbox"/> Oakland	<input type="checkbox"/> Salinas	<input type="checkbox"/> San Marcos	<input type="checkbox"/> Van Nuys
<input type="checkbox"/> Headquarters	<input type="checkbox"/> Rancho Mirage	<input type="checkbox"/> San Diego	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Yuba City

2b. Date/Time of contact: _____

	Least	<u>SATISFACTION LEVEL</u>				Most
	1	2	3	4	5	
3. How well did our <i>service</i> help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. How well did our <i>materials</i> help you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. How courteous was our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. How timely was our response to your request?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. How knowledgeable was our staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. How well did we provide technical assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

(Optional)

Name: _____

Phone: _____

Address: _____

☐ Check here if you want us to call you

Department Use Only

Copy to Division & District _____ (Date)

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